



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UTECH,LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**YOPARKI ALMANZAR**  
Name of Person  
**UTECH,LLC**  
Firm/Company  
**17740 NW 77 CT**  
Address  
**HIALEAH, FL 33015**  
City/State and Zip Code  
**YOPARKI@HOTMAIL.COM**  
E-mail address: (to be used for future annual report notification)

**FILED**  
2014 JAN 15 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

**MELODIE L HERNANDEZ** at **407 432-2958**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**UTECH, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/28/2013 and assigned Florida document number L13000045865.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

UTECH ENTERPRISE, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

17740 NW 77 CT

HIALEAH FL 33015

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

17740 NW 77 CT

HIALEAH, FL 33015

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TALLAHASSEE FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

YOPARKI ALMANZAR

New Registered Office Address:

17740 NW 77 CT

*Enter Florida street address*

HIALEAH

*City*

Florida 33015

*Zip Code*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

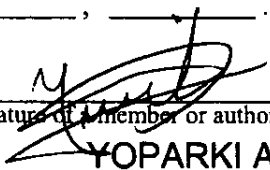
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MELODIE L HERNANDEZ	17740 NW 77 CT HIALEAH, FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	JOSE C LORETA DE MOLA	9740 SW 14 ST MIAMI, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	MISAEEL RIVERA	9740 SW 14 ST MIAMI, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	LUIS A ESTEVEZ	9740 SW 14 ST MIAMI, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	RENE A CAMPUSANO	9740 SW 14 ST MIAMI, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	DARWIN CARVAJAL	9740 SW 14 ST MIAMI, FL 33174	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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MIAMI, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

X 

Signature of member or authorized representative of a member

**YOPARKI ALMANZAR**

Typed or printed name of signee

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Filing Fee: \$25.00

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FALLAHASSEE FLORIDA

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